



**CONNECTICUT COMMUNITY CARE, INC.**

*Caring From  
Every Perspective*

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My name is Molly Rees Gavin. I am the President of Connecticut Community Care, Inc. (CCCI). I am a licensed clinical social worker and have worked in the community based long term care system for over 33 years. I have prepared this testimony at the request of Senator Jonathan Harris who requested that I specifically describe the impact of the 15% co-pay on CT elders who are participants in the state funded portion of the CT Home Care Program for Elders (CHCPE). In preparing this testimony extensive collaboration took place among all three Access Agencies that administer the Home Care Program; the Agency on Aging of South Central Connecticut, the Southwest Area Agency on Aging and CCCI.

The 15% co-pay will affect 4,940 CT elders and their family caregivers (if they have any!). Their average monthly income is \$1,390. Approximately 82% are below 200% of the federal poverty level. On average; they are taking eight to nine medications which will also require co-payment. Two-thirds of these elders meet nursing home level of care criteria. These are poor, sick, old people.

I will stake my 33 years of professional experience on the fact that some of these elders will enter nursing homes because they will not be able to meet the co-pay expectation. They are on fixed incomes; but the co-pay amount may change every single month depending on changes in their plan of care. It is exceedingly unlikely that they will ever return to the community because they will lose their apartments (most are not homeowners), their community physicians and informal support networks.

CT has spent the last several years trying to rebalance the long term care system; to support efforts for people to remain at home instead of sending people to nursing homes. CT boasts the recent success of the Money Follows the Person (MFP) program in discharging people from nursing homes and getting them back into the community. The average monthly community care plan cost for the state funded clients is less than \$1,013. The average savings of these elders suggest that they will have enough money for a one month stay in a nursing home and will then become Medicaid eligible.

Allow me to share one specific client story with you. The Ellington home of Mr. and Mrs. R. is now in foreclosure and they have been forced to move in with their son. Mrs. R's dementia is so severe that she requires 24 hour/day supervision. They have many outstanding bills because of the foreclosure situation and, in good conscience, can't sign a fee agreement to pay the 15% co-pay. In October a completed Medicaid application was forwarded to the Manchester District office of DSS. The application hasn't even been logged into the Title 19 system yet.

This short term financial "fix" has long term financial implications for CT elders, their families and taxpayers. Please take a second look.

Thank you for all you have done and all that you will continue to try to do to support exceedingly cost effective alternatives to nursing home care.